

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company, S.I. if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Bristol Court Condominium  
 PO Box 35576  
 Phoenix, AZ 85069

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Jennifer Rabi Swenson  
 4731 N Central Ave  
 Phoenix, AZ 85012  
 (602) 995-9334 (125/411)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
<b>Homeowners/ Mobilehomeowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Boatowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Personal Umbrella Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Farm/Ranch Liability</b>				Farm Liability & Personal Liability Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
<b>Workers Compensation and Employers Liability †</b>				Statutory *****
				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
<b>General Liability</b> <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$ ,000
				Products - Completed Operations Aggregate \$ ,000
				Personal and Advertising Injury \$ ,000
				Each Occurrence \$ ,000
				Damage to Premises Rented to You \$ ,000
				Medical Expense (Any One Person) \$ ,000
<b>Businessowners Liability</b>	910041708034	11/01/2023	11/01/2024	Each Occurrence†† \$ 2,000,000
				Aggregate†† \$ 4,000,000
<b>Liquor Liability</b>				Common Cause Limit \$ ,000
				Aggregate Limit \$ ,000
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ ,000
<b>Excess Liability</b> <input checked="" type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>	910041708034	11/01/2023	11/01/2024	Each Occurrence/Aggregate \$ 5,000,000
<b>Other (Miscellaneous Coverages)</b> Non Profit D&O 910041708034 11/01/2023 - 11/01/2024 \$1Million				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Property Coverage \$8,385,978 Replacement Cost, Special Form, Wind and hail included. Deductible \$5000 BOP Liability includes separation of insureds; Includes Equipment Breakdown, Crime/Fidelity \$150,000 and Ordinance or Law coverage. General liability \$1Million/\$2Million. Unit owners are responsible for interior of units. 36 Units				
†The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.				
<b>CERTIFICATE HOLDER'S NAME AND ADDRESS</b>			<b>CANCELLATION</b>	
			<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(        days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
DATE ISSUED 11/03/2023			AUTHORIZED REPRESENTATIVE Jennifer R. Swenson	